



CHELAN-DOUGLAS HEALTH DISTRICT

200 Valley Mall Parkway, East Wenatchee, WA 98802

Personal Health: 509/886-6400 • FAX 886-6478

Environmental Health: 509/886-6450 • FAX 886-6449

Mail: P.O.Box 429, Wenatchee, WA 98807-0429

FEE:

ON-SITE SEWAGE SYSTEM PERMIT REACTIVATION APPLICATION

Permit Number _____

Expiration Date _____

Legal Description of Property _____

Property Address Location _____

This Permit was originally issued to:

Name _____

I request this permit be reactivated since I still wish to install this septic system.

Current Property Owner Name _____

Mailing Address _____

Phone Number _____

If applicant is different than property owner please fill in information below:

Name of Applicant _____

Applicant Mailing Address _____

Applicant Phone Number _____

I agree to the conditions and requirements of this permit. I understand that any changes to the design or conditions of this permit will require a review and approval by the health district and may require a new permit application, all subject to current fees.

I will comply with the rules and regulations of the Chelan-Douglas Health District for on-site sewage systems in the installation and maintenance of this system. I understand that any alteration of the building size or location, or any filling or grading in or below the drainfield area may invalidate any approval granted for this appeal. I also understand that additional inspections will be required where any part of the installation is performed by someone other than the person licensed under the above regulation.

Signature

Date